



DIVISION OF DISABILITY AND ELDER SERVICES

BUREAU OF QUALITY ASSURANCE
1 WEST WILSON STREET
P O BOX 2969
MADISON WI 53701-2969

Jim Doyle
Governor

Helene Nelson
Secretary

State of Wisconsin

Department of Health and Family Services

Telephone: 608-266-8481
FAX: 608-267-0352
TTY: 608-266-7376
www.dhfs.state.wi.us

DATE: November 25, 2003

DDES-BQA – 03-015

TO:

Ambulatory Surgery Center	ASC	03
Adult Day Care	ADC	03
Adult Family Homes	AFH	04
Ambulatory Surgery Centers	ASC	03
Certified Mental Health and AODA	CMHA	03
Community-Based Residential Facilities	CBRF	04
End Stage Renal Disease	ESRD	03
Facilities for the Developmentally Disabled	FDD	06
Home Health Agencies	HHA	05
Hospice Agencies	HSPCE	07
Hospitals	HOSP	08
Facilities for the Developmentally Disabled	FDD	06
Nursing Homes	NH	09
Outpatient Physical Therapy/Speech Pathology Services	OPT/OSP	02
Resident Care Apartment Complex	RCAC	04
Rural Health Clinic	RHC	02

FROM: Otis Woods, Deputy Director
Bureau of Quality Assurance

VIA: Susan Schroeder, Director
Bureau of Quality Assurance

Introducing the BQA Post Survey Questionnaire

OVERVIEW: This memo describes the new provider post survey questionnaire under which health-care facilities provide feedback to the Bureau of Quality Assurance (BQA) regarding their experience with the on-site reviews BQA conducts. **FACILITIES MAY RESPOND ANONYMOUSLY.** This procedure will take effect **January 1, 2004.**

In 2000, the Health Services Section within BQA began conducting post survey reviews to measure non-long term care providers' experiences with on-site survey processes and their outcomes. Results from these reviews have been informative. They provide an opportunity for BQA to address improvements necessary to ensure that providers understand survey processes and how surveys impact them. They also

indicate needed improvements to the Bureau's surveyor training programs. BQA will be expanding this continuous quality improvement methodology to all regulated providers beginning January 1, 2004.

The Bureau is very interested in how providers experience survey and licensing processes and whether the provider fully understands how their particular survey and its results affect them. Questionnaire results will be kept separate according to each Bureau operating unit. BQA will also determine aggregate scores on a bureau-wide basis. Completing the survey questionnaire will be voluntary. We strongly encourage providers to complete and return the questionnaire to BQA.

Included with this memorandum is a copy of the post survey questionnaire that we will give to each provider. The method of delivery could be at the entrance conference initiating the on-site survey, or within a period of time following completion of an initial, annual or complaint survey conducted by BQA surveyors. The questions are not specific to a particular provider type and some may not pertain to your facility. When this occurs, please check the "N/A" box and proceed to the next question or group of questions. Also provided is an opportunity to comment on a specific area(s) of the survey. We welcome your narrative comments.

BQA is committed to continuous quality improvement. We expect it from the providers we regulate and we expect it of ourselves. We will use the information facilities submit to us through this questionnaire to review, revise and improve BQA systems and practices. Your participation is vital; we need to hear from you!

Enclosures

Completion of this form is voluntary. A copy of this questionnaire is available at <http://www.dhfs.state.wi.us/forms/DDESNum.htm>

SECTION A. ON-SITE REVIEW PROCESS

5 = Strongly Agree 4 = Agree 3 = Neutral 2 = Disagree 1 = Strongly Disagree NA = Not Applicable

[illegible]

	5	4	3	2	1	NA	Comment if 1 or 2 is checked.
13. Surveyor(s) interacted respectfully with facility staff and clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION B. POST-SURVEY STATEMENT OF DEFICIENCY

1. Deficiencies clearly explained the basis for findings of noncompliance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Deficiencies identified who, what, when, where and how, if applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Deficiencies included specific actions, errors or lack of actions to explain findings of noncompliance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Deficiencies were documented by accurate information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Deficiencies clearly and concisely explained noncompliance with rules / regulations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Documentation in deficiencies helped provider / supplier develop a plan of correction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Changes in policies and/or procedures were made as a result of survey findings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION C. SURVEY TASKS EVALUATION

Were the following survey tasks carried out in accordance with the Survey Guide? Check Yes, No or NA for each task.

SURVEY TASK	Yes	No	NA	COMMENT
A. Entrance conference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. Sample selection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C. Technical Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D. Observation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E. Home visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F. Orientation tour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G. Assessment of applicable regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
H. Environmental quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SURVEY TASK	Yes	No	NA	COMMENT
I. Life Safety Codes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
J. Clinical record reviews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
K. Staff interviews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
L. Patient/client/resident interviews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
M. Exit conference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional comments or information about the onsite survey process

Recommend one change that would improve the survey experience

Type of on-site survey conducted (please identify all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Medicare / Medicaid Certification | <input type="checkbox"/> Health |
| <input type="checkbox"/> State Licensure / Certification | <input type="checkbox"/> Complaint Investigation |
| <input type="checkbox"/> LSC / Physical Environment | <input type="checkbox"/> Other |



DIVISION OF DISABILITY AND ELDER SERVICES

BUREAU OF QUALITY ASSURANCE
2917 International Ln
Suite 210
MADISON WI 53704

Jim Doyle
Governor

Helene Nelson
Secretary

State of Wisconsin

Department of Health and Family Services

Telephone: 608-243-2359
FAX: 608-243-2389
TTY: 608-266-7376
www.dhfs.state.wi.us

November 28, 2003

Dear Administrator:

Attached is the Bureau of Quality Assurance (BQA) Post Survey Questionnaire. The purpose of the questionnaire is to obtain data for a review of the survey system. Collecting the data will enable the Assisted Living Section to:

- evaluate provider/supplier experience with state and/or federal survey or complaint investigation processes,
- improve provider/supplier understanding of the regulatory process,
- ensure consistency in the application of rules and regulations, and
- foster positive oversight relationships.

Comments and responses to the questions will be used to evaluate and improve the quality of the survey process. Data provided in response to the questionnaire will not influence state licensure or certification status. The identity of the provider/supplier and survey staff will remain anonymous throughout analysis and interpretation of the data. Although every effort will be made to maintain anonymity, please be aware that the BQA Post Survey Questionnaire responses are subject to disclosure under the Open Records Law.

The Bureau believes your feedback is valuable. Please take a few moments to complete the questionnaire. After completing the questionnaire, please mail or fax it to:

**Assisted Living Section
Attn: Colette Anderson
Bureau of Quality Assurance
2917 International Ln, Suite 210
Madison, WI 53704
FAX: (608) 243-2389**

This survey tool is a bureau wide quality improvement effort. All questions may not apply to all provider types.

For additional information concerning the questionnaire contact the Bureau of Quality Assurance, Assisted Living Section at 608-243-2359. Thank you for taking time to respond and assist the Assisted Living Section to improve the survey process.



Jim Doyle
Governor

Helene Nelson
Secretary

State of Wisconsin
Department of Health and Family Services

DIVISION OF SUPPORTIVE LIVING

BUREAU OF QUALITY ASSURANCE
2917 INTERNATIONAL LANE, SUITE 300
MADISON WI 53704

Telephone: 608-243-2024
FAX: 608-243-2045
www.dhfs.state.wi.us

November 28, 2003

Dear Administrator:

Attached is the Bureau of Quality Assurance (BQA) Post Survey Questionnaire. The purpose of the questionnaire is to obtain data for a review of the onsite survey system. Collecting the data will enable the Health Services Section to:

- evaluate provider/supplier experience with state and/or federal survey or complaint investigation processes,
- improve provider/supplier understanding of the regulatory process,
- ensure consistency in the application of rules and regulations, and
- foster positive oversight relationships.

Comments and responses to the questions will be used to evaluate and improve the quality of the survey process. Data provided in response to the questionnaire will not influence state licensure or certification status. The identity of the provider/supplier and survey staff will remain anonymous throughout analysis and interpretation of the data. Although every effort will be made to maintain anonymity, please be aware that the BQA Post Survey Questionnaire responses are subject to disclosure under the Open Records Law.

The Bureau believes your feedback is valuable. Please take a few moments to complete the questionnaire. After completing the questionnaire, please mail or fax it to:

**Health Services Section
Attn: Sandy Frank
Bureau of Quality Assurance
2917 INTERNATIONAL LANE, Suite 300
Madison, WI 53704
FAX: (608) 243-2026**

This survey tool is a bureau wide quality improvement effort. All questions may not apply to all provider types.

For additional information concerning the questionnaire contact the Bureau of Quality Assurance, Health Services Section at (608) 243-2024, TTY: (608) 266-7376, or e-mail: Plichthcareprov@dhfs.state.wi.us. Thank you for taking time to respond and assist the Health Services Section to improve the onsite survey process.



DIVISION OF DISABILITY AND ELDER SERVICES

BUREAU OF QUALITY ASSURANCE
1 WEST WILSON STREET
P O BOX 2969
MADISON WI 53701-2969

Jim Doyle
Governor

Helene Nelson
Secretary

State of Wisconsin

Department of Health and Family Services

Telephone: 608-266-8481
FAX: 608-267-0352
TTY: 608-266-7376
www.dhfs.state.wi.us

November 28, 2003

Dear Administrator:

Attached is the Bureau of Quality Assurance (BQA) Post Survey Questionnaire. The purpose of the questionnaire is to obtain data for a review of the onsite survey system. Collecting the data will enable the Resident Care Review Section to:

- evaluate provider/supplier experience with state and/or federal survey or complaint investigation processes,
- improve provider/supplier understanding of the regulatory process,
- ensure consistency in the application of rules and regulations, and
- foster positive oversight relationships.

Comments and responses to the questions will be used to evaluate and improve the quality of the survey process. Data provided in response to the questionnaire will not influence state licensure or certification status. The identity of the provider/supplier and survey staff will remain anonymous throughout analysis and interpretation of the data. Although every effort will be made to maintain anonymity, please be aware that the BQA Post Survey Questionnaire responses are subject to disclosure under the Open Records Law.

The Bureau believes your feedback is valuable. Please take a few moments to complete the questionnaire. After completing the questionnaire, please mail or fax it to:

**Resident Care Review Section
Attn: John Hess
Bureau of Quality Assurance
1 W. Wilson, Room 1150
PO Box 2969
Madison, WI 53701-2969
FAX: (608) 267-0352**

This survey tool is a bureau wide quality improvement effort. All questions may not apply to all provider types.

For additional information concerning the questionnaire contact the Bureau of Quality Assurance, Resident Care Review Section at 608-266-8476. Thank you for taking time to respond and assist the Resident Care Review Section to improve the survey process.